TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/713,729
Filing Date	November 13, 2003
First Named Inventor	Bruce W. MCGAUGHY
Art Unit	2123
Examiner Name	Not Yet Assigned

Total Number of Pages in This Submission	2	Attorney Docket Number	188122001700

ENCLOSURES (*Check all that apply*)

☐ Fee Transmittal Form	☐ Drawing(s)	☐ After Allowance Communication to Group
☐ Fee Attached	☐ Licensing-related Papers	☐ Appeal Communication to Board of Appeals and Interferences
☐ Amendment/Reply	☐ Petition	☐ Appeal Communication to Group **(Appeal Notice, Brief, Reply Brief)**
☐ After Final	☐ Petition to Convert to a Provisional Application	☐ Proprietary Information
☐ Affidavits/declaration(s)	☒ Power of Attorney, Revocation Change of Correspondence Address (1 page)	☐ Status Letter
☐ Extension of Time Request	☐ Terminal Disclaimer	☒ Other Enclosure(s) (please identify below):
☐ Express Abandonment Request	☐ Request for Refund	Return Receipt Postcard
☐ Information Disclosure Statement	☐ CD, Number of CD(s) ___	
☐ Certified Copy of Priority Document(s)		
☐ Response to Missing Parts/ Incomplete Application	**Remarks**	
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 25226) Thomas Chan - 51,543
Signature	
Date	April 1, 2004

pa-874090
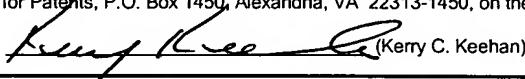
REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY	**Application Number**	10/713,729
	Filing Date	November 13, 2003
	First Named Inventor	Bruce W. MCGAUGHY
	Art Unit	2123
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	188122001700

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number: | 25226

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: | 25226

OR

☐ Firm or Individual Name

Address	
City	
Country		State		Zip	
Telephone		Fax	

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record		
Name	Michael L. Williams	
Signature	*[signature]*	
Date	3 26 04	Telephone (408) 894-2430

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

PA-869856